

Personal Recollections of the Afghan Campaigns
of 1878-79-80,

M 484

THE
"DEATH MARCH"
THROUGH THE KHYBER PASS
IN THE
AFGHAN CAMPAIGN 1878-79.

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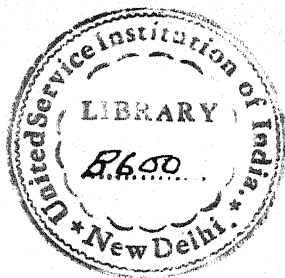
*Reprinted from No. 82, Vol. XIX, "Journal of the United Service Institution
of India," 1890.*

CALCUTTA:
THACKER, SPINK AND CO.

1891.

CALCUTTA :

PRINTED BY THACKER, SPINK AND CO.



TO THE
MEMORY
OF THE
SOLDIER-SURGEONS
WHO
PERISHED IN THE
“DEATH MARCH”
THROUGH THE KHYBER PASS
IN 1879

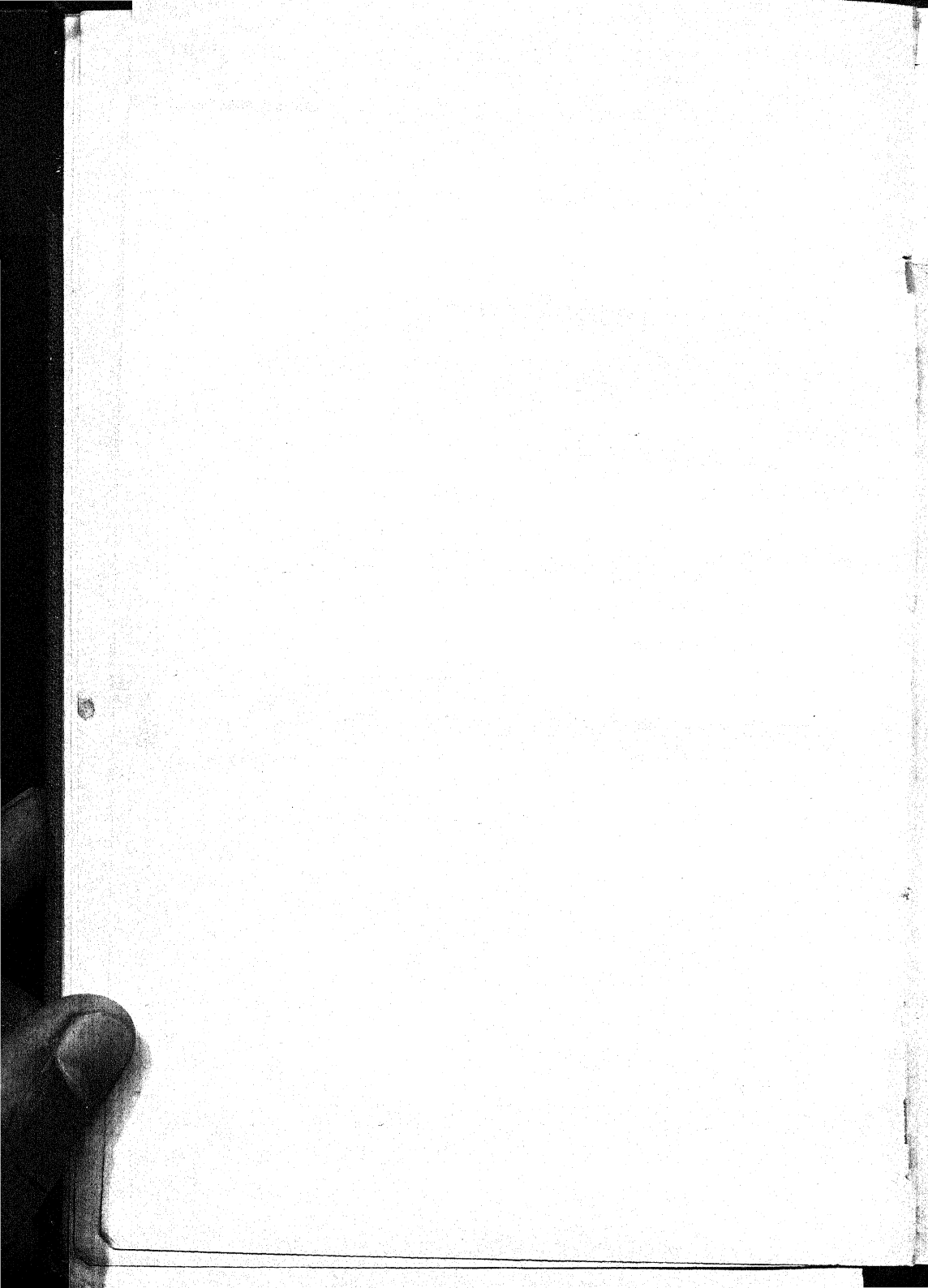
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THE "DEATH MARCH" THROUGH THE KHYBER PASS.

CHAPTER I.

INTRODUCTORY.

It is proposed in the following pages to place on record some experiences along the Khyber line and in Kabul during the Afghan campaigns of 1878-79-80, as it is probable that even the most trivial personal record may be of use to the future historian of that important campaign, for so far as one is aware the historian of that period has not as yet appeared.

Marking as that campaign did, a great turning point in our relations to Central Asian questions, and in many ways forming a distinct starting point of Indian army reforms, it would be a great pity if no such history was written, as it would be full of interest and instruction in many ways.

One is not concerned to-day to enter in any way into the political causes of the campaign. The time has not yet arrived to deal in full with such questions. It is sufficient to say that throughout the year 1878 our relations with Afghanistan were evidently strained, and the reception by the then Amir Shere Ali of a Russian mission, and his refusal at the same time to receive an English one precipitated a crisis, and by the beginning of October the imminence of the campaign was generally recognized. The final refusal of a passage way to the mission under Sir Neville Chamberlain at Ali Musjid by the Amir's officials led to an ultimatum and a direct declaration of war.

In October 1878, the Army Medical Service was passing through that transition period between the regimental system of hospital organization, and the newly introduced unification system, and at this date although the hospitals were still regimental, the actual commissioning of medical officers in regiments had ceased, and one was in the indefinite and unsatisfactory condition of being a departmental officer attached to a corps.

In October 1878, when the troops were ordered to concentrate on the Afghan frontier, the 25th K. O. B's. were detailed for the Peshawar garrison, and on the 21st October 1878 they moved by rail viâ Lucknow, Bareilly, Meerut, Umballa, and Mian Mir to Jhelum, which was then the rail head of the Punjab State Railway system since merged into the North-Western line.

It is impossible to describe the condition of Jhelum and its neighbourhood at this time. The railway was pouring in supplies from down country in great quantity, and there were scores of railway waggons crowding the small station, and piles of grain, rations, and every kind of supplies stored and packed all about the place.

The grand trunk road from Jhelum to Rawal Pindi, and on to Peshawar seemed to be simply one long line of bullock-carts and camels carrying loads, and troops were at all the camping grounds moving on to Peshawar. The ordinary postal carriage daks were almost impossible to obtain, officers ordered up on special duty found it most difficult to join their appointments, and it will be impossible ever to estimate what enormous sums of money were lost to the State, and what great delays occurred in obtaining supplies and reinforcements at the front by the want of the all important railway line from Jhelum to the Khyber mouth.

A lady the wife of an officer in a European regiment tells her personal experiences at this time. By great luck

she managed to secure a dak gharrie from Jhelum to Pindi, but the pressure of passengers being very great, the Jhelum Postmaster asked her to permit a native officer on urgent duty to travel on the top of her carriage, a common method of carrying servants in those days. She assented, and the native officer full of gratitude at her kindness came forward holding out his sword in both hands for her to touch in the usual manner as a mark of his thanks. She, quite unused to meeting native officers, failed to understand what he meant, and thinking he wanted her to keep his sword as a guarantee that he would do her no injury during the journey, she took the sword from him, put it under her pillow, and gave it to him next morning on arrival at Pindi. It would be interesting to know what the native officer thought of the incident.

Marching from Jhelum the regiment reached Pindi in four or five days, passing on the way the Bengal Sappers and Miners and other corps moving to the front. Coming from a down country station, one now began to see for the first time the wearing of *putties* by the troops, a custom now so common, then quite unknown, and most people had never seen or heard of a "Sam. Browne" sword belt until they saw them worn by frontier officers on the road to Pindi and the front; the workmanlike dress now devised for field service did not then exist, and it was quite impossible when in *khaki* to say who people were. For some time at Dakka in the Khyber a Brigadier-General was taken for a Chaplain, as he had very little beard, and nothing whatever distinctive on his uniform to show who he was.

The Elcho boot now so universally worn in the field was never seen on any officer until the campaign was well on, and the custom of having a lanyard to one's revolver was practically unknown to the average officer in the early part of the war. In tents, in camp furniture, in cooking

utensils as well as in dress, all seemed unprepared for the special character of this campaign in the highlands.

With the frontier force it was of course quite different, they and especially the Guides were well equipped, but they lived and still live ready at all times for the field. The example given to the army by these frontier corps abundantly proved that it is possible to devise a field service dress perfectly distinctive and becoming, and at the same time perfectly serviceable, and all that the army as a whole has since done is to level up to the standard already existing in 1878 in the frontier battalions.

The utter breakdown in dress that used to happen when a force was sent into the field need not now occur in India, as the field dress is practically complete. A story is told of the anger of an officer usually perfectly well turned out in cantonments, who, when dressed in the old khaki coat and going to buy stamps for his English letters, was addressed by a private soldier also at the post office: "What a duffer you are to buy stamps, why don't you get the Colonel to frank your letter?" Later on reference is made to an incident where a well-known photographer in the Khyber took command of a convoy and was mistaken for a Bengal Cavalry officer.

The 25th K. O. B's remained at Pindi halting for a time, awaiting final orders, and the writer in the meantime was transferred to the 1st division (Sir Sam. Browne's) then mobilizing in the Peshawar valley.

While waiting day by day for a dak to reach Peshawar, the future Principal Medical Officer of the division, Deputy Surgeon-General John Gibbons, A. M. D., passed through with a special dak. Coming from Allahabad where he had been P. M. O., and going on to Peshawar, he very kindly gave up a share of his dak, which enabled me to reach Peshawar with him.

The want of a bridge over the river at Attock was now and at all times during the next two years a most serious delay.

Peshawar was in a state of great excitement, troops and detached officers were daily pouring in, and the roads were filled with camel convoys moving out to Jumrood with supplies.

The medical officers passed through a wretched time in the few days that intervened between the arrival of the P. M. O. in Peshawar, and the marching out of Sir Sam. Browne's division to Jumrood to attack Ali Musjid.

It was simply a killing time for the medical officers, and the confusion and the trouble long foreseen by any thinking men arose in this way :—

Although the unification of the medical department had begun in England in 1873, it was still in October 1878 working on regimental lines in India.

Everyone who had studied the question must have known that such a system would not work in war time up the Afghan passes, and when the war was drawing near, the then Surgeon-General Sir Harry Ker-Innes submitted a scheme for the present field hospital system to be introduced, based entirely on the English, that is to say the German, French and Russian lines.

Some difficulty occurred in obtaining sanction from the Government of India for this change, and his scheme was not accepted.

At the very last moment, that is to say one week before the army crossed the frontier, wiser counsels obtained, and a plan of field hospitals as opposed to regimental hospitals was sanctioned, but no one knew anything whatever of the details of the scheme until ten o'clock on the morning when Deputy Surgeon-General Gibbons arrived in Peshawar, and sought shelter in some vacant officers' quarters.

There were then in and around Peshawar numerous regiments and batteries ready for the field, with all their medical arrangements for the campaign complete on the regimental lines of organization.

The P. M. O. had with him but one single printed copy of the new field hospital scheme in the shape of rough proofs of a pamphlet called "*the précis*," a name which no medical officer who served in the earlier days of the first Afghan campaign can ever possibly forget.

The P. M. O. on his arrival sent for all the medical officers of corps and batteries, and directed them to bring their clerks with them to his office, and there and then he explained to them as concisely as he could the entirely new scheme of field hospitals, and directed the medical officers to cause their clerks to set to work and copy out the printed scheme on manuscript from his single proof of the historic pamphlet.

This wretched delay alone caused much inconvenience as every moment was of importance, and it is certain that few medical officers fully understood the drift of the new system at first. Practical experience, however, in a few weeks up the line of the Khyber soon taught them the good and the bad points of the scheme.

It became necessary therefore, in accordance with this new scheme, in three days, and practically in the face of the enemy, to remove all the medical officers and all the medical subordinates from their battalions; to transfer all the native hospital establishments from their regiments to the little understood new creations called field hospitals; to hand over every grain of medicines, instruments and technical equipment, tents, books, documents and to give and receive receipts on both sides; and finally to draw from the commissariat, barrack, ordnance, and transport departments, the various equipments needed for the same

units, the very existence of which was unknown outside the medical department.

If ever there was a case of "swapping horses in crossing a ford" it was here, and one can never forget the hurry, the worry, and the trouble these sudden changes caused; and there is no doubt whatever they acted most prejudicially on the health of the overworked P. M. O., and that this anxiety, together with the wear and tear of his heavy duties during the campaign, so broke him down as to hasten his death, which occurred a few months after the second campaign was ended.

In the first place he had no secretary or orderly officer, nor personal assistant whatever to assist him, that fatal blot in our divisional medical arrangements; and his wretched baboo clerks, admirable as penmen under a punkah at Allahabad, had no relish whatever for the rocks and robbers of Afghanistan, and were in no hurry to join him, and when they did they almost immediately afterwards went sick.

As the Principal Medical Officer had constantly to go and see general officers and various other officials, and to make numerous inspections taking him away from his office, there was no official there to meet officers who called for orders, or to make reports or to ask for explanations, and the confusion was made worse than ever.

When after all this the P. M. O. was seen with his own hands leading his camels from the transport lines, it seemed as if the cup was full and the last straw laid on the camel's back; and it became evident that the very first duty of the P. M. O. of a division in war time is to name at all hazards a secretary as his office staff officer, and a younger and more active officer as his orderly officer.

The Commanding Royal Engineer has a brigade major, the C. R. A. of a division has an adjutant, but the work

of both these officers is more circumscribed and much more within a ring fence than that of the divisional P. M. O. who deals with every regiment, every hospital, and every sanitary question in his division. Without assistant the work simply cannot be done, and it is essential to have the clearest conception of this matter.

Owing to the novelty of the system, at Peshawar there was the greatest difficulty in getting battalion and battery commanders to understand what their medical officers were doing, for in those days the phrase "*field hospital*" was not understood as it is to-day, and might have meant anything to the average officer, and indeed also to many medical officers. The commissariat, the transport, the barrack department, and the ordnance department failed to comprehend what this new indenting body was, and it was not until 9 o'clock P.M., on the night before the advance on Jumrood that the tents for the field hospitals were drawn from the Peshawar arsenal.

All this hurry, this dire confusion, this wretched wear and tear of men's lives comes, and will come, from not preparing in peace for war, and so absolutely assimilating our peace routine and organisation and our war customs, that a soldier of any rank will glide from one into the other almost imperceptibly. How different it was with those perfect units the frontier mountain batteries, and indeed with the frontier force regiments generally, and above all with the Guides, who go to war with as little trouble as one goes to a picnic. One learned from them more than ever the great lesson of the need of readiness for field work at all times, the be all and the end all of the soldier's existence.

CHAPTER II.

ALI MUSJID.

LET us leave the field hospital marching out on the morning of the 19th November 1878 towards Jumrood, and glance for a moment at some of the battalions concentrated at this time in and around Peshawar.

If it be not invidious, the palm for physical fitness and complete efficiency on the old long service army lines might be given to Tompson's battalion of the 17th Foot, now the 1st Leicester Regiment. They had come down direct from the Murree Hills, and were in magnificent physical form. They were probably about the last of the long service battalions of that army which was just then disappearing before the short service system, introduced a few years before, and better specimens of that old régime could not be seen; probably for weight and space occupied per man they were 30 per cent. heavier and broader than the younger men of to-day.

In India one must never overlook the fact of where the regiments are stationed before a campaign begins. The 17th Foot coming from the Murree-Abbottabad gullies were in excellent form; other battalions coming from malarious stations were often quite the reverse.

When the campaign was imminent, the Rifle Brigade and the 81st Foot were both quartered in Peshawar, and they also moved forward to the front. Both battalions had suffered much from the then deadly Peshawar fever, but the Rifle Brigade, though sorely tried, held bravely on to the end of the first campaign. The 81st Foot, however, in a health point of view suffered severely. They literally went sick by half companies, and flooded the field hospitals.

The lesson of all this is most important to remember, for malarial fever, although it shows no death rate, practi-

cally ruins a force, as the least exposure on picket or outpost duty induces ague, and the man must be taken into hospital.

The 51st K. O. L. I. (now the 1st King's Own Yorkshire Light Infantry) also marched into Peshawar at this time and were in excellent form. They had quite lately been on the Jowaki expedition, and in a measure had had their baptism of fire. In their medical inspection at Gandamak in April 1879, when they were detailed for the proposed rapid advance on Kabul, they were found very fit indeed, having hardly any rejections.

The greater age of the regimental officers of the army in those days was very marked. By comparison with the average age of to-day, there were many old men still commanding companies.

On the morning of the advance on Ali Musjid, the *junior major* of a European battalion engaged had then 38 years' full pay service. He had turned back from the advance on the fort to send in his papers to retire from the service, saying "I feel my position acutely, but I cannot go up the hill."

His senior major was so old a soldier as actually to be commanding a brigade in the force.

In nothing is the army more changed than in the age of the officers. On the 18th November 1878, Sir Sam. Browne had a meeting of staff and commanding officers in Peshawar to explain his proposed plan of attack on Ali Musjid. The P. M. O. was present and heard confidentially of the proposed turning movement by the Tartara route being decided on, and on the morning of the 20th November, the division as a whole concentrated at Jumrood and pitched a divisional camp, just in front of the then ruined Sikh fortress now so completely remodelled. The field hospital also marched out and pitched its camp with

the division. Even thus early in the campaign one could see how hopelessly unfit our heavy plains hospital equipment was for mountain warfare. In the first place the tents like those of all the European troops were the huge E. P. pattern, heavy, cumbersome, and unfit for mule or camel carriage in the highlands. Again, all the equipment was packed in unwieldy camel trunks difficult to load, difficult to unload crushing a fallen camel to the earth, and in which it was impossible to get at any small article.

No mule or mountain equipment for field hospitals of any kind existed in India, and no one knew on what lines to advance to make a mobile field hospital for mountain warfare.

The changes made in our war hospital materiel since 1878 have been very considerable, and we may safely say that as far as type is concerned the broad lines of efficiency are laid down. Details of course in this as in all departments still remain to be dealt with. Want of experience, and want of careful thinking out one's requirements in peace for war, will account for most of our troubles in 1878 on these heads.

At 6 P.M. on the night of the 20th November 1878, the turning brigades began to move out of camp, and any bystander would be particularly struck with the fitness of the 17th Foot.

A second body of troops left the camp about midnight on the same route, and at 7 A.M. on the next morning the main body, moving up through the Khyber mouth, got under weigh, and gradually moved away over the three miles of plain that intervenes between Jumrood and the mouth of the pass.

And now those in the field hospital were to feel how unready they were in equipment for active work, for that morning, early, Sir Sam. Browne rightly issued an order

that no loaded camels were on that day to enter the defiles of the pass as they would encumber the column. As the field hospital equipment of every kind was entirely packed on camels, it had simply to halt on the Jumrood camping-ground while the troops marched off to the attack.

A gallant soldier commanding a gallant regiment remained behind that day to hold Jumrood. The soldier was Colonel Armstrong and the men his regiment, the 45th Sikhs, an admirable body who did first rate service during the campaign, but were destined soon after the war to lose, while still a young and active man, their gallant leader, a distinct loss to the Indian army.

The disappointment and vexation caused by this order about camels was very great to the medical officers, who stood by and saw the troops go up to the fight with only a single medical officer with each battalion, and no bearer company, or any field hospital whatever.

Deputy Surgeon-General Gibbons, the divisional P. M. O., remained behind with the field hospital at Jumrood, and in this act no doubt he was wrong, as the true place of a P. M. O. is with the general on whose staff he is, so as to issue orders for the care of the wounded and the disposal of the sick.

The morning was thus passing away, and while eating out one's heart with vexation at being shut out of the fight, it seemed that it would be possible to extemporise some ambulance aid for the division in front without using the camels or their cumbersome equipment.

It was accordingly suggested to the P. M. O. of the division that it would be well to prepare loads of blankets, brandy, beef-tea, and reserve dressings for the wounded, and pack the whole in doolies and so overtake the column.

The P. M. O. readily assented and, applying to Surgeon-Major Ramsbotham who was in actual charge of the field

hospital at the time, the writer obtained the necessary supplies as well as the help of a young apothecary to assist. There was, however, no escort, nor any arms whatever with the party, and moving out of the Jumrood camp lines, the rolling ground was rapidly crossed, only a few armed hillmen being met with evidently on the look out to see how the day was going, and we caught up the rear guard of the division struggling up the stony track that forms the entrance to the historic Pass. The 6th Bengal Infantry that day formed the rear guard, and applying to the commander of the guard, Captain Birch, an escort of a Havildar's party was obtained, and we pushed rapidly along the column crowded in the narrow defiles, and were soon well to the front. Just below the Sherghai heights the party had to halt for a time to set the kahars at work to assist Captain Graves, who was in charge of the waggons of the elephant battery, and whose unwieldy vehicles were jamming in the narrow tracks. This well-known and popular officer died on the following July in Peshawar in the interval between the first and second campaigns.

Some miles of gradual ascent along the winding road takes one almost suddenly out of the defiles of the Khyber on to the open plateau called the Sherghai heights. These are comparatively open and rolling hills from which one commands a good view of Ali Musjid heights and fort, and of the rocky cliffs that directly overhang Ali Musjid, and well away to the left when facing Ali Musjid run the green valleys which lead towards the Bazar valley. Wilson's elephant battery was in action against Ali Musjid from a level space on the Sherghai heights, and at intervals a shrieking 40lb. Armstrong shell went flying over the intervening valley, and either struck against the stony profile of the fort, or dashed against the masses of living rock behind.

it, leaving a great white patch where it struck, and a few missing both fort and rock fell behind Ali Musjid in a gorge where a number of Afghan troops were under canvas, and suffered some loss from the fire.

The fort itself presented a very low and almost undistinguishable profile merging in the grey rock on which it stood, and by which it was surrounded, and was in every way a difficult object for any artillery to hit. I/C Royal Horse Artillery was also in action from another part of the heights, and the Afghans were replying by cannon shots which came dropping in amongst the troops, and now and then rolling amongst the doolie bearers who were clustered on the heights.

One brigade of our infantry was lining the heights towards the right looking from Sherghai towards Ali Musjid. This was probably Browne's brigade as the 51st were in that direction, while Appleyard's brigade consisting of the 81st Foot, the 27th Punjabis, and the 14th Sikhs were more to the left, again facing towards Ali Musjid. Every one was waiting anxiously for the development of the turning movement by the brigades which had left Jumrood the previous evening, but hour after hour went by and there was still no sign. The brigades were at this time struggling with the increased difficulties of the route, and could not possibly appear on the scene. The short November day was already closing in, and the General, resigning all hope of the turning troops appearing on the scene, gave orders for a direct attack to be made by Appleyard's brigade on the sungah-crowned outlying heights that acted as a kind of rampart to the fort, and which were lined with Afghan riflemen.

No one can positively say whether this attack was made by Appleyard's brigade as a whole, or whether the sepoy battalions alone attempted the assault.

The point in doubt is whether the 81st Foot were ordered to attack at the same time as the 14th Sikhs and the 27th Punjabis, or whether they were held in reserve to support the attack as it developed. It seems, however, that they did in part advance and were recalled. The accounts vary so far as I am aware, but this I know, that no European soldier came back wounded from the assault, nor was any dead European soldier found on the hill-side next morning, so that it is evident the brunt of the attack did not come on them but on the native regiments of the brigade.

These two regiments seem to have gone forward to the attack led gallantly by Captain Birch and Lieutenant Fitzgerald, and were received by a heavy rifle fire, which killed the two named officers, wounded Captain Maclean of the 14th Sikhs, and caused casualties amounting to 14 or 15 killed and about 40 wounded in the two regiments.

As the divisional P. M. O. was not on the field, and the party was independent of any regiment or corps, it seemed that it would be better to get nearer the front, and accordingly the bearer company moved down the sloping ground into the stony bed of the Ali Musjid river, and pushing along the level ground, reached the ground at the foot of the slopes where the assault was being made.

While still moving forward, Colonel Maunsell of the Bengal Sappers and Miners, who was C. R. E. with the column, came up and said the wounded of the attacking brigade were all coming down into the bed of the river, and in the most lucky manner they came down actually on the very spot where by the merest chance help had arrived. They were all Sikhs and Punjabis of the 14th and 27th Regiments.

The men came down direct into the bed of the river, but no reserves could be seen, nor was their regimental medical officer anywhere about, and it fell to the share of the Jam-

rood help and to that of Surgeon-Major Creagh who was in charge of I/C Royal Horse Artillery to look after them. I/C Royal Horse Artillery had moved down off the heights, and spent the night in bivouac in a sheltered defile opening up off the river.

By absolute good fortune there were plenty of blankets, plenty of brandy, and other medical comforts, and in consultation with Dr. Creagh, an able officer since retired, the wounded men were cared for very thoroughly, and after dressing their wounds and giving them some brandy, covering them with blankets, and giving them some sleeping medicines, by 11 P.M. they were all at rest and slept fairly well during that long and anxious night. It must have been about 5 P.M. in the evening when the wounded began to come in, and shortly afterwards we were greatly surprised to see Surgeon-General Ker-Innes come down the side of the pass with Mr. Archibald Forbes and Mr. Simpson of the "Illustrated London News," and descend into the river bed. There was now no chance of mistake as to who he was. He was dressed in the undress uniform of his rank gold cap, and cross-belt, and looked very spic and span indeed amongst the sombre khaki surroundings.

He enquired at once how we came to be there, and what we were doing, and above all where was the field hospital, the child of his own creation. He then heard of the *contretemps* as to the camels and how we came to be up in the pass. He was excessively put out at there being no field hospital on the field, gave some general directions about the wounded, and later lay down to sleep a few yards off on the hill-side.

The native wounded behaved splendidly as they always do, and took their troubles with a light heart, *Shábásh kuch parwá nahín* was the burden of their cry, and they stood the pains of the dressing excellently.

There was of course the usual struggling to get to the doctor, and to try and draw the doctor to them, and there were, as there always is, a certain number of over solicitous comrades, whose intense sympathy with the wounded entirely overbalanced their desire to return to the front and the bullets. These latter men were utilized as a protection against any prowling Afghans, and next morning we dismissed them to rejoin their battalions.

All through that anxious night, when none seemed to know what had really happened, nor what was the true state of affairs, officers and orderlies came passing by the bivouac, and asking in vain where they could find the General, as they wished to make reports and ask for orders, but no one had any idea at all where he was, nor indeed that any attack had been made, until the wounded said that all their officers were killed, and even named Captain Swettenham of the 27th Punjabis and Major Terry of the Borderers, attached to the Punjabis as killed, mere reports which turned out to be false. The difficulty of finding the General Commanding at night time will always be a difficulty that needs to be specially-guarded against, especially if night attacks now so much spoken of ever become realities.

In the early dawn the Surgeon-General came up, and ordered the wounded to be got back at once on to the Sherghai heights, and us to hurry up again to the front. "We are going to have warm work," said he, "an assault in force is ordered," and he evidently spoke with authority.

Accordingly the wounded were rapidly taken back up the bed of the river and up the sloping paths to the Sherghai heights, but there was no hospital there, nor any medical officer to take them over. There were, however, abundance of doolies and kahars left behind by the regiments, and transferring the wounded, the kahars were simply told,

to "*Jao Jumrood*," where eventually the wounded arrived without escort, or attendance of any kind on the road. Their arriving at Jumrood safely was another piece of good fortune as a few days afterwards, when the tribesmen were on the war-path they would in all probability have been cut up. At Jumrood they fell into careful hands and were looked after by the medical officers of the native hospital there, and it was afterwards said that when they saw the clothes of the wounded covered with candle grease which had dropped on them during the dressing the previous night, they felt what a troublesome thing it is to dress wounded by candle-light on the field.

Having freed the doolies of the wounded, the detachment hastened back again down the slope into the river bed, and it seemed that troops from every point were converging on Ali Musjid, and every one was full of excitement with the idea that the assault would be made in force and the place carried by storm, as it was said that the tribes were assuming a threatening aspect, and that Cavagnari insisted on prompt measures being taken to capture the place.

While hurrying along the bed of the stream towards the open space at the foot of the Ali Musjid fort, and expecting every moment to hear the cannon begin, an officer in khaki came running from the direction of the fort, and crying out to all he met that the fort was empty and that the Afghans had fled in the night.

Hurrying onwards we at last reached the little white mosque of Ali that gives its name to the place, crossed the stream that runs at the base of the rock, and commenced to ascend the broken pathway that then led to the foot, where were also the General and his staff moving upwards towards the fort.

On entering the fort everything was found to be in com-

plete ruin. The 40lb. Armstrong shells had knocked the place to pieces and the bastions at the angles were in ruins. In one of these a 40lb. shell had burst, and four Afghans who had been sitting round a dish of *pillau* were smashed to pieces by the explosion.

Posteens in quantities, broken arms, cooking pots, and ammunition lay about in confusion, and 20 pieces of artillery were lying about in the fort and a certain number were in line at the foot of the hill.

There were a number of sick Afghan soldiers lying about, wretched looking men, evidently victims of the Ali Musjid fever, who had been abandoned when the garrison fled in the night by the Bazar valley and the hills on the the right of Ali Musjid, looking from it towards Sherghai.

Of loot in the real sense there was none, and if one managed to get an Afghan knife, a koran, a drum and drumsticks, and a pile of manuscript returns, which turned out to be the company accounts of the soldiers one was supposed to be lucky.

Posteens could have been had in quantities, but distance lent enchantment to the view of them, and they were in a terrible state of filth. In the gorge behind the fort there was the Afghan encampment into which some shells had dropped.

The masses of troops which had been converging round Ali Musjid for the assault were now concentrating on the bed of the river below, and for nearly a mile the place was crowded with troops, fires began to be seen, and preparations for breakfast were developing.

Many very fine mules were running loose about the place, which had apparently belonged to the Afghan mountain batteries, and although a few intelligent persons had annexed them, they were soon after compelled to hand them over to the transport department.

Some cavalry were sent forward up the pass, towards Landi Kotal, but the main body remained halting on the dry bed of river during the day. The bodies of Captain Birch and Lieutenant Fitzgerald of the 27th Punjabis were brought in off the heights where they had been killed. They had lain on the hill-side all night. It was at first intended to bury them at Ali Masjid, but wiser counsels prevailed, and the bodies of these gallant men were sent into Peshawar for burial.

While examining the bullet wound of Captain Birch which was in the region of the heart, it was found that a locket containing a picture of his wife had been carried into the wound by the bullet.

The Surgeon-General sent round to the various corps and batteries to collect returns of the killed and wounded. The killed were about 14 and the wounded between 40 and 50.

All through the day, people were anxiously waiting for the field hospital to arrive from Jumrood, but it never appeared.

The Surgeon-General (Ker-Innes) was particularly put out at its non-arrival.

That night we slept in the bed of the river and on the early morning the troops began to move up the pass towards Landi Kotal.

The eagerly-looked for field hospital arrived during the night; it had bivouacked down the stream nearer the Sherghai heights.

With the arrival of the field hospital the separate existence of the temporary aid on the field ceased, and it reverted to the field hospital, where Surgeon-Major Davie, medical staff, was commanding, Surgeon-Major Ramsbotham and Surgeons Cornish and Ryan with others being with him.

A site for the field hospital camp was obtained on some level ground on the left bank of the Ali Musjid river, and there we formed a field hospital for the European sick of the entire division.

It should never be forgotten in choosing battalions in India for field service, that a regiment fully saturated with malaria is unfit for most campaigns, and it is quite certain in general experience, that a regiment which has suffered from malaria will also in cold climates very easily fall a victim to pneumonia.

When Sir Sam. Browne's main body moved on to Dakka, the 51st K. O. L. I. and the 6th Bengal Native Infantry remained behind to hold Ali Musjid, and for some time Wilson's elephant battery remained encamped in the open on the Sherghai heights. They were frequently fired into and later on a company of infantry was sent up from the bed of the river to act as an escort for them.

The army in those days was certainly far from being as ready for war as it is to day. In dress, in equipment, and in inherent knowledge of military precautions in the field it seemed distinctly untrained and unready by comparison with to-day.

Even at Ali Musjid one could see this. The camp was frequently fired into, and at first certainly little or no attempt at outpost or picket protection existed.

Over and over again the gunners who were employed in removing the Afghan guns from the Ali Musjid fort were fired at by tribesmen close by the camp, and the gunners were seen to quit the guns and try to reply to the enemy with carbine fire, while all the time two fine regiments were lying, little if at all employed, in the bed of the stream a quarter of a mile away. A company of infantry could have paralyzed any such attacks had they been sent out, but in this as in several other matters there was want

of initiative, or at any rate of right initiative at Ali Musjid. A very brilliant episode, however, was the repulse of a bold attack on a picket of the 51st K. O. L. I. The picket was commanded by Lieutenant Johnston of the regiment, and the enemy were driven off.

The tribesmen were particularly bold in attacking convoys, and the road from Jumrood to Ali Musjid, and from Ali Musjid to Landi Kotal was entirely unsafe, several convoys being attacked, and men were killed in detail. The system of holding the line of road by permanent detachments scattered along it, as opposed to convoy escorts alone, seemed far preferable. For this duty second or third class troops do very fairly, and save enormous labour to the troops in general.

CHAPTER III.

DAKKA.

THE Surgeon-General went forward with the head-quarters staff to Dakka, but the divisional P. M. O. remained behind at the field hospital at Ali Musjid.

Day after day the field hospital remained behind at Ali Musjid, and no section or detachment of it was sent forward to the front, thus leaving the troops at Dakka without any hospital accommodation.

The Surgeon-General eventually came back to Ali Musjid, and the divisional P. M. O. proceeded to the head quarters of his division; when he reached Dakka he found that the sick were accumulating in the Dakka fort in a temporary hospital organized by Surgeon-Major Creagh from his battery equipment, but without attendants, or drugs from the field hospital.

Telegraphic orders were then sent down from Dakka for a section or division of the field hospital to move up to the

front, and it became a question who would be the lucky man to go forward.

Surgeon-Major Davie who then commanded the field hospital decided on sending a 50-bed division, and by a lucky stroke it fell to the writer's lot to move forward, and we marched from Ali Musjid with Surgeon Shaw, Medical Staff, one apothecary, and a team of native attendants. There was, however, no hospital sergeant nor writer, nor any European Orderlies whatever, and the want of these men was felt very much indeed. It was quite a pleasant march up the Khyber, which beyond Ali Musjid is very picturesque and striking, and passing the great Buddhist *Dagoba* which crowns the summit of the defile, we reached Landi Kotal, and changing the escort pushed on the same night down the steep roadway that leads to Landi Khana, and reaching that post bivouacked for the night under the walls of the rude fort held by the 20th Punjabis.

The hospital men were perfectly unarmed and lay down outside the rude walls, and it is a wonder some of them were not cut up as many were, close to, or actually in the camps during the campaign.

Early next morning the hospital moved down the sloping road that leads into the comparatively open plain where the Khyber Pass ends, and the defile opens out on the valley of the Kabul river.

It moved along without any attack, and we had no escort whatever, for things were rather easy-going in the early days of the campaign.

When about a mile and a half from Dakka fort, and a partial view had been obtained of a valley which opens up to the left as one approaches Dakka, there was well to the left a cloud of dust, great shouting and crying out, and out of the dust came a crowd of men mounted on ponies and crying out "*larái*" "*larái*," some riderless troop horses,

and a few sowars. It turned out to be a grass cutting party of the Guides which had been attacked at the head of the valley by some of the tribes. They (the latter) had killed a sowar and driven off the grass-cutters.

A sepoy battalion was then encamped close to the mouth of the valley, and they immediately fell in and sent forward a company to skirmish up the valley.

The alarm soon reached Dakka fort, and very soon after a squadron of the Guides turned out and crossed the hills to the head of the valley hoping to cut off the marauders.

Pushing on to the fort, our arrival was reported to the P. M. O. and to the staff officer of the head-quarters staff who were occupying a central building on the Dakka fort said to be the quarters of the Afghan commandant.

The fort of Dakka may be considered to be the Amir's garrison holding the Afghan mouth of the Khyber, where the pass opens out into the valley of the Kabul river opposite the Mohmand village of Lalpoora.

The fort itself is a kind of miniature Sherpur, as Sherpur was in 1880. The same rectangular form, the same thick earthen wall with bastions at intervals enclosing very substantial mud buildings for the lodgement of soldiers. It formed a capital place for our '*étappen*' post on the line of communications, and during all the time I was there, several months, not a single bullet entered the fort, a great comfort when one remembers the very constant night firing into camps at other posts. There was ample and very convenient commissariat storage, and the hospital located in the fort eventually became very comfortable.

The hospital was assigned an angle of the fort about 150 yards on each side, and Surgeon-Major Creagh handed over the sick which had already accumulated in the spare rooms of the Afghan barracks.

The camp was pitched that afternoon, and next morning

there was hoisted the red cross flag, the first that had ever been flown so far in the Khyber, and by noon Sir Sam. Browne came and inspected the hospital, and said it was fairly complete. It however had its inherent weaknesses.

In the first place it had no hospital sergeant, a very essential element, as by an antiquated rule the medical subordinates did no clerks' or statistical work, and however many of them there might be, one could not so employ them. There had been two or three of these sergeants with the head-quarters hospital at Ali Musjid, but one was not obtained for the hospital when marching away. In such a case as that one has to try and develop assistance as best one can.

Going accordingly to Colonel Thompson who then commanded the 17th Foot, I asked him to let the hospital have a sergeant who could be trained for the work. He said "I have 40 non-commissioned officers employed on various staff billets and I can't spare you a man."

This seemed hard at the time, as it was the advanced field hospital and was practically in front of the enemy, but there is no doubt he was right.

If the medical service claims independence, and demands autonomy, it ought to accept responsibility in full, and not have to go about begging for favours in every direction as it so constantly has to do.

After great trouble and delay a rheumatic but intelligent corporal came sick, and I managed to develop him into a clerk, and rejoiced greatly. The rejoicings, however, were but shortlived, for the divisional P. M. O. was in a similar condition as regards clerical help, and any P. M. O. in any campaign may be in a similar plight to-morrow. Two eminently respectable cantonment type of baboos had come up with him as clerks for the campaign.

Anything more unwarlike, more inefficient, and more

unsoldierlike cannot be imagined than were these followers.

The biting cold of December days, and the perpetual night firing in the Khyber were not to their fancy, and they both conveniently got sick and returned to the repose of the Allahabad cantonments. This wretched system of baboo clerks failed, as it always must fail in a real campaign. These miserable followers, unarmed, undisciplined, waiting to be cut up, are the curse of an Indian army, and although everywhere condemned, still exist, but should cease by the provision of clerks from regiments and battalions, who should be placed on the unattached lists during good behaviour.

The P. M. O. being thus left single-handed and deserted by his clerks, noticed the rheumatic corporal, and directed his transfer to his own office and the hospital was again left desolate. But this is not war as one understands it. It is chaos, confusion, and certain failure in the field, and should not occur in an army worthy of the name. The placing of the follower on a military footing is a most important question for future great campaigns.

Later on the hospital picked up a sergeant and a good one too, and he remained with it for some months doing good service, a soldier and a clerk as well.

The native establishment given to work the hospital were wretchedly bad, literally and actually the lame, the halt, and the blind, as Falstaffian a corps as any man could ever see, without discipline, without uniform, or drill, or arms, or anything to distinguish them from the coolies of the Mian Mir bazaar.

With this utterly scratch team one was asked to run a field hospital, to take care of human life and to nurse the sick, things which are not possible without trained and disciplined, well paid and chosen men. To-day the lines

of a corps of attendants are being gradually developed, but there is only one model to copy, and that is the model of the army. In its discipline, in its drill, in its training in peace for the routine of war, in the establishment of units identical for the one as for the other, in the knowledge of the materiel and the personnel, in the power to blame or praise some one person for failure or success, on that subordination of individuals to a chief so that success may be obtained for the army as a whole ; by these means and on these lines alone can success come. The more one differentiates between the medical service and the rest of the army to which it belongs, and the more one forgets the discipline, the routine, and the methods of the soldier, by so much does one organize disaster and guarantee break-down in the field. When the then Commander-in-Chief, His Excellency Sir Frederick Haines, came through Dakka in February 1879 he said : " Now is there anything you would like to bring to my notice, speak out and keep back nothing." He was told " The native attendants are as bad as they can be." Sir Frederick agreed and said a scheme was then being prepared to improve them.

Later on such a scheme was promulgated, but it still leaves these men as unarmed followers, with less food than the sepoy, although their duties are most onerous and cover day and night, and their rate of pay is still below even the moderate sepoy standard, rendering it difficult to obtain good men.

They can never be anything but a weakness to our forces until they copy the army.

Until every field hospital needed for war exists as a permanently organized unit in peace, doing duty it is true as a station hospital in cantonments, but moving to war with the same personnel, there must be great weakness in efficiency.

Just as a field battery exists in peace for war, so should a field hospital, and when war is declared it should move with its own officers, its warrant officers, its soldier clerks European soldier nurses, native attendants, tents and equipment, and its nucleus of transport waiting for expansion in the field.

To know one's personnel, to know whom to trust, and whom to distrust, to know who is steady and careful, and who is the reverse, these things are enormously important in war, but if units do not exist in peace as in war, how are they to be known, and how can work be carried on with confidence? Decentralization here is of supreme, nay vital importance, but then it should not be *disintegration*, and in the identity of the war and peace unit we have the key note of success.

It would be quite wrong to allow in any way that the hopes and the dreams of the reforming party in the medical service have as yet been realized, but progress is being made under the lessons learned from each campaign.

A few days after the hospital marched into Dakka, the force under Sir Sam. Browne moved forwards towards Jalalabad, leaving the 17th Foot, the 45th Sikhs under Armstrong, and Hazlerigg's battery of field artillery in garrison to hold Dakka fort.

Colonel Armstrong of the 45th Sikhs became commandant at the post, and was in every way a good man for the billet.

The writer was senior medical officer with him for several months, and never had any trouble about duty or work; once only there was a slight difference of opinion, and as it was instructive it may be referred to. When Sir Sam. Browne's force moved away from Dakka the place was in a dirty state, and required careful sanitary supervision. The camels and other cattle were dying badly as they did

throughout the winter. Surgeon Ratigan, M. S., was nominated to act as executive sanitary officer to make inspections and send in reports. The reports of dead camels were urgent and numerous, and I moved the commandant as to their burial.

One evening a train of camels and the driver came to the field hospital with a receipt for Dr. Ratigan to sign, as it was intended that he should become camel burier to the force.

To this I naturally objected, and requested that the transport people be ordered to bury their dead animals, and that in carrying out other sanitary work the staff officer of the commandant should be the executive, the medical department being the advising body only.

To this the commandant assented, of course, and the matter ended.

There is no doubt that the conservancy of the camps in a campaign like that of the Khyber, moving over a narrow roadway, is very important, and a definite fatigue under the commandant's orders seems needed.

In any campaign the definite organization of the conservancy of posts becomes a very important matter, and in an army where caste prevails, often causes difficulties.

While the sick carriage was being arranged for the return of the 14th Sikhs, I met for the first time Brigadier-General Tytler. I confess I had no idea who he was. The field dress in those days was very undefined, and every man seemed to be a law unto himself in the matter. As the Brigadier-General wore no badges and had very little beard, I thought him a chaplain of the force.

I thus met for the first time one of the most singularly perfect types of the Indian soldier. Few officers ever were so loved, so entirely trusted in as was General Tytler. Most considerate, most just, demanding duty to be done

with exactness, and with a manner which compelled obedience, there was no officer, in whom officers and men had such perfect confidence and reliance. He had a singular calm in his manner and was perfectly unmoved in every position in the field, either in or out of fire. He had the keenest consideration for his men, and all who served under him regard his memory to this day as a great bond drawing them together. To the great loss of India and the army his fate was to die of pneumonia in the Zaimukht expedition during the 2nd Afghan campaign in 1879.

The hospital had arrived in Dakka on the 8th December 1878, and about this time continual attacks were being made on convoys in the pass by hillmen from the Bazar Valley, and largely, it is said, by the Zakha Khels.

These hardy tribesmen from the crests of the hills watched the narrow path of the Khyber as it wound along, and woe to the straggler, the listless camp follower, the doolie bearer, or the footsore sepoy or private who lagged behind the convoy. These hawks swooped down from their hill tops, and the murderous Afghan knife soon did its thorough work. The grass-cutter and the camel men when out grazing their cattle were special victims of attack, and the wounds inflicted on them left no room for medical aid, they cleft the skull as though it were an eggshell.

These masses of unarmed followers in the Indian army is a most serious question not yet fully tackled, and the next great war will certainly force the question forward in a marked degree, if not fully dealt with beforehand.

In thinking of these days one always remembers, as a picture impressed upon the mind, seeing Major Cavagnari, who was political officer with the force, addressing a crowd of the local tribesmen in the pass, and warning them, that if the outrages proceeded punishment would result.

He was on horseback dressed in the khaki uniform which all the frontier men knew so well how to make into a most soldierlike and serviceable uniform, and around him were grouped those savage mountaineers, in posteens, or their coarse friezes, and armed with jezails and here and there a muzzle-loading Enfield rifle, their razor-like knives, and a few shields.

It was simply another type of the same old scene which has gone on in the world since time began, savagery face to face with civilization, and the types of both were in this example as well marked as need be.

CHAPTER IV.

THE BAZAR VALLEY EXPEDITION.

THE attacks on convoys continuing, it was determined to send a lightly equipped column into the Bazar Valley to punish the marauders in their own home. A strong force under General Maude and the 2nd division staff moved across the hills from Ali Musjid, and Brigadier-General Tytler was ordered to co-operate from Dakka with a smaller column consisting of a wing of the 17th Foot, the 45th Sikhs, some of the Guides, and some Sappers and Miners. It was necessary to detail a medical officer for the 17th Foot, and Surgeon C. P. Turner, M. S., who was then doing duty in my hospital, was nominated, but at the last moment he fell sick with quinsy, and the writer proceeded himself with Tytler's column.

This was the first of those small expeditions which continually marched off from the main line of the Khyber, either for purposes of reconnaissance or the punishment of marauding villages, and which formed a special feature of the campaign.

The column left Dakka on the afternoon of the 19th

December 1878, and marched onwards until nightfall, when it bivouacked on the hill-sides, and had no fires or lights of any kind. Here it rested until 3 A.M. The dry clear frosty air of the winter in the Khyber was very invigorating, and the electrical condition of the atmosphere most marked; as one pulled one's blanket over one that night, it crackled and sparkled with electricity like an electric machine.

Next morning the column surprised some villages and began the blowing up of the village towers, so common an occurrence throughout the war, and in the afternoon after a toilsome march over a ridge some 5,000 feet high and covered with English flowers and with mistletoe on the trees, it opened up a view of the distant Bazar Valley, and began descending towards it, by night-time reached it and bivouacked outside the walls of a large village. Women children, cattle, movables, all were gone, and perfect silence reigned over the place.

As darkness closed in the soldiers lighted their cooking fires of the spare wood and rafters lying about, and soon the place was aglow with the flames.

That night the writer sat by the fire where General Tytler, with Major Gordon his Brigade-Major, and Captain Rogers his A.-D.-C., formerly his adjutant in the 4th Gurkhas, were gathered.

The General spoke of his former campaigns; of his regiment; and of our present expedition. But what has impressed itself most firmly on my memory was when he spoke of the medical service of the army.

He said no general officer had yet appeared in our army, who knew how to appreciate at its just value an efficient medical service. They still remained the "step-children in the military family," and much more to the same effect. Of course the writer agreed with him, all who know do agree with the truth of this idea.

Napoleon, who raised Percy and Larrey to be Barons of his empire, and in his will referred to Larrey in words which can never be forgotten, had fair views on the subject, considering the age and time. Sir John Moore, a clear-headed soldier and army reformer, had glimmerings of the matter. Wellington, ever hard and unsympathetic though he was on all army questions, paid them some well-earned compliments ; but it remained for Dalhousie, our greatest Indian statesman, and the chivalrous Outram, the knight *sans peur et sans reproche*, to give the clearest and the most outspoken expressions of sympathy with the medical service. Slowly the conceptions of Dalhousie are being realized, but so far as one can see, the motive-power comes entirely from within and not from any help from without the department, and perhaps after all this is the true progressive path. All external influences may have no real foundation with the corps itself, if reforms come from without ; but it still waits the appearance of the leader, who will fully accept it into the family it has served so devotedly.

During the long December night not a shot was fired by the troops or the tribesmen, and next morning the staff rode over and opened up communications with General Maude's column, which had entered the valley from the Ali Musjid side and the lower part of the Khyber.

Archibald Forbes, the " Daily News " correspondent, had come into the Bazar Valley with the Ali Musjid column, but he now quitted them, and rode over with us to join Tytler's force and to return with us by the Sisobi Pass to Dakka.

That forenoon the column blew up and burned the village towers, and houses of the Bazar Valley, and by noon had quitted its bivouac, and turning its face towards Dakka, began the long and difficult ascent that separates the Bazar Valley from the watershed of the Kabul river.

At first all seemed as if it was to be a mere walk over,

but as usual in all Afghan and perhaps in all mountain warfare, the mountaineer enemy, who never faced the column in the advance, followed it up in the retreat, and constantly fired on the rear guard.

A soldier of the 17th Foot was badly hit in the thigh, the bullet smashing the bone high up near the hip and inflicting an almost hopeless injury. Like all the English wounded, the man resented the injury most bitterly and vowed dreadful vengeance against the enemy.

The column bivouacked that night near the crest of the hills, the air was keen and biting and intensely electrical. The blankets placed over the wounded soldiers were a mass of crackling discharges of electricity.

The troops were sheltered in an oak forest, and the fires, the foliage, the starlit night, and the whole surroundings resembled rather a camp of brigands in the Appenines than the ordinary Afghan camping ground amongst rock, and stone, and barren hill-sides steeped in the eternal khaki color which pervades all Afghanistan.

No firing occurred after nightfall, and the troops sat round the fires in comfort while Archibald Forbes told stories of old times.

Next morning at dawn the column was again getting ready for the start for its long journey back to Dakka. The writer had been to the General to make a report about the wounded, when, while speaking to him, a shot, not a rifle shot, was fired close by the spot where we were standing, so close indeed that we thought some one was blazing at the wood pigeons who were flying about the trees close by, and the first thought was how foolish to alarm the camp by doing so.

The shot came, however, from quite another source, and in a few minutes the troops, who had been some time ready to move, began their march.

At about 8 o'clock A.M. began one of the most difficult, rugged, and dangerous descents through a series of the narrowest defiles ever seen either in Afghanistan or indeed in any part of the Himalayas.

The column seemed to be for hours descending the rugged bed of a mountain torrent filled with huge boulders and so narrow as to compel all movements to be in single file. The snow lay in the deep recesses of the defiles, but the air was clear, and the sun shone with that absolute brilliancy which it does in the perfect Khyber atmosphere.

The moment the column began to move the hidden mountaineers commenced a musketry fire from every part of the hills.

It seemed exactly like the scene in the Lady of the Lake where Roderic calls up his clansmen by whistle. From amongst the pines, from out of the oak trees, from behind every boulder came the unceasing dropping fire of the hillsmen. The General ordered each regiment to march as an escort over its own baggage, so that the column became for the time one very strong baggage guard; he himself remained with a strong rear guard holding every ridge and vantage ground, while the main body hastened along the tangled path that formed our only road.

The way the tribesmen kept cover was perfect. I took the greatest trouble with the naked eye and with glasses to search the hill sides but saw not one of the enemy. All that was to be seen was the puff of the jezail, and now and then was heard the crack of the muzzle-loading Enfield rifle. Smoke there was in plenty and close by, but never a man was seen, and had the enemy been well armed they could have done us much injury.

All through the hours the column continued this most exhausting retirement, continually followed by the enemy, losing men as we moved along, and the General himself

holding the rear in person, aided by his staff, but not a man was seen to fire at.

During the retirement the unfortunate soldier of the 17th Foot, who had been shot in the thigh the previous evening and who was being carried down the defiles in a red covered doolie, came finally to grief.

The red cover of the doolie made an excellent mark for the jezialchis, and the unfortunate soldier was killed in his doolie by a bullet through his liver.

Another soldier of the same regiment was struck down by a bullet which smashed his thigh bone. The writer was behind with the rear guard, while the man was to the front nearer Dakka. Archibald Forbes saw him fall and dressed his wound, leaving him in the track with a note pinned on to his tunic. He had done all that was possible for the soldier, and the writer coming on later with the doolies picked up the man, and preserved the note as a memento of the day.

Some technical difficulty as regards the status of Mr. Forbes with the army prevented this act of his being recognized by the State, but there is no doubt he too earned the medal that day. The experiences of that day, even to an old soldier like Archibald Forbes, were, he himself said, perfectly novel, and he did not remember a nastier day.

The column got out of the entanglement of the passes and defiles by 1 o'clock P.M., but from 8 o'clock in the morning till 1 o'clock in the afternoon it was continually under fire, and the fatigue was excessive.

The sepoys took their wounds well, with the greatest sangfroid and bravery, and never resented the injury in the personal way the Englishman did, whose first cry was for revenge on the man who hit him, while the sepoy called for cheers for the sirkar.

The column continued its march all that day and did not reach Dakka fort until midnight. The long march and the shocks of the descent told badly on the wounded, and the man dressed by Archibald Forbes did not survive the operation for his relief.

It is highly interesting to note the result of this expedition for a few days without tents on the Khyber hills.

The 17th were a singularly fit regiment, and for several days after their return did excellently well, but when the excitement passed off, the wear and tear and the exposure to the biting cold began to tell, and 31 cases of pneumonia resulted with 11 deaths.

This was amongst the Europeans only. Pneumonia is the one dread enemy to be feared on these Afghan hills and table-lands. It tells with fearful effect on the badly clad, underfed, and little cared for follower, to a large extent upon the sepoy, and to a considerable amount on the European soldier, although the latter is well-fed and as a rule well clad. The way the followers died of it was most shocking. A grass-cutter in his flimsy dress would come in at three or four in the evening with his load, and seem fit and well. The icy night wind would strike him, and in three or four hours he would be dead with inflammation of the lungs. Men, who came from malarious stations like Peshawar and Mian Mir at once fell victims, and it seems true that malarial fever so diminishes the vital energy of a man, that he succumbs easily to lung inflammation in these mountain climates. One would imagine at first sight that sufficient care had not been taken to send the man to hospital, but it was soon evident that the onset was so rapid as to leave no time whatever for the man to sicken in the ordinary way.

It is impossible to dwell too much on the physique of the follower, the most careful inspection of all such men is

essential before a war begins. Hundreds of men entered the Khyber, who were hopelessly and completely unfit for even a hard day's work in the plains.

Their physical inspection on recruitment must have been perfunctory in the last degree. Weedy grass-cutters, cook-boys of the lowest bazar scum, doolie bearers who could not lift a basket let alone a doolie, officers' servants of poor physique, all such men are out of place in an Afghan field force. Two men reached the camp at Gandamak in the second campaign for hospital servants, toothless, decrepit, 70 years of age at least, and completely unfit for any work of any kind. They had been foot-balled up the Khyber from post to post, a game of sending the fool further, and eventually they drifted into Gandamak simply dying. The two old gentlemen were put to bed, and they returned to India by the next convoy, requiring twelve kahars to carry them, camels for the kahars' kit, food for the camels, &c., until in the end their progress up and down the Khyber probably cost hundreds of rupees, and for what? How and why did they enter the Khyber at all? When next the army enters these passes to fight there should be at Landi Kotal, or Dakka, as also at the Kojak a rigid physical examining post, and there let a medical officer, with the feelings and ideas of a *soldier-surgeon*, ruthlessly fling aside every follower not up to a good physical standard of fitness and health. This ~~may~~ do much for the army, but there is a higher law still, which would say, abolish the follower altogether.

If the British regimental cook-boy is of poor physique abolish him, and let the soldier learn to cook and fight also. Six years later than the Afghan war, the writer was for one month in camp at Tambook on the Suakim-Berber road with the Scots Guards in the Soudan. These men, fresh from Chelsea or St. George's Barracks, had neither

bheestie, nor sweeper, nor cook-boy, and they were wonderfully fit under a sun beside which the Afghan sun is as nothing, and did all their own work and fatigue. The same too must be done in India, as regiments fresh from England are doing in climates similar to India, and on the Afghan table-land the English soldier can easily do everything for himself.

Officers' native servants should be dressed like their masters' regiments, and should wear on their shoulder straps, the badge or distinctive mark of the corps. They should have a field kit like a soldier, a havresack, water bottle, and a sword-bayonet, or other defensive weapon carried in a waist belt.

In the sepoy battalions it is difficult to see the need of any followers whatever. Water-supply should be done by armed soldiers leading packal mules, and the company sweepers should be the battalion pioneers dressed, drilled, and equipped like the pioneers of British battalions.

These men, meat eaters, with no scruples as to what rations they get, survive better under pneumonia than the vegetable feeders, for pneumonia is the real *Hindu Kush*, or Hindu killer, of Afghanistan.

Officers of the native corps should supply themselves with servants in full from their battalions, letting their cooks be mussulmans, and their syces of the same type as the mountain battery drivers, the only model of a sycee we want in the army.

The whole of the permanent hospital corps should be drilled, armed, and organized as sepoys, and there is no difficulty whatever in doing this, and so making the army readier for war.

That frightful mass of people, the commissariat native establishments, without uniform, without drill, without discipline, should also be dealt with, and at any rate put

into the distinctive uniform of their department. Once in uniform one has an enormous hold over the individual, and the marauder lurking behind the crags of Afghanistan thinks twice before he descends to attack a man in uniform with a sword, even though that man may be but a commissariat gomashta tumbling over his sword at every step.

By such gradual action we may diminish the mass of followers in the army, and develop its military efficiency and nobility in every way.

On the return of the column to Dakka from the Bazar Valley, the head-quarters of the field hospital was found to be on the march up from Ali Musjid to Jalalabad, and was halting at Dakka for the day. It moved on, on the morrow, to join the head-quarters of the division at Jalalabad.

The winter passed over at Dakka with continual work for the doctors, and it was not until one day in March that we suddenly remembered that we had been more than four months in the field.

The unceasing cares of a big hospital, convoys arriving from the front, convoys leaving for the base, and the care of the post itself all kept one fully employed.

In the hospital one was continually confronted by the unreadiness of the medical service for war. The transport was very defective. The need of a good *kajáwa* for use with camels, a most important aid in war, was much felt, and the want still exists. If such an equipment could be found, it would carry a sick man and his kit, and be of the greatest use for evacuation of milder cases. A kind of chair for mules to carry one sick man riding across the mule would be a great boon, with supports on the saddle to prevent a weakly man from falling off.

Quick-moving horsed ambulance, which could cover easily two of the ordinary marches in a day, would in the end economise forage and more rapidly move the sick

towards the base. Good bullocks are so expensive, and at the same time move so slowly, that their use in ambulance transport on the communications is certainly questionable. Hospital drugs too were in those days awfully unportable, too numerous, and loosely packed in big bottles as in a chemist's shop. One carried quinine to Kabul over the Lataband Pass, 8,000 feet high, as loosely packed in big glass bottles, as it could be in Savory and Moore's stores in Bond Street.

The compressed drugs now so general were then unissued, and the medical store depôt was at Mian Mir, cut off, by a long road from even Peshawar. It was impossible to get up medical stores.

Officers at Dakka had written home to England and got out supplies to Dakka before one could get drugs, even those from Peshawar. The medical service wanted then, as it wants always, to copy army systems and army methods, and the quinine should no more have gone up loose to the front than powder goes up loose in barrels to regiments in the field. Medical cartridges of pills and drugs, and compressed medicines are quite as possible as gunpowder cartridges, and few drugs are needed in the field.

A medical officer at Jagdalak was heard to complain that he could not get a rare and difficult-to-be-obtained drug for the treatment of some ailment, but it is impossible in war to meet the varying demands of various medical officers, and that man is the best army surgeon, who can utilize as far as possible the ordinary supplies found with the column, and limits himself to some twenty potent medicines small in bulk but active in property. Rum should largely take the place of brandy and poultices be made of some forage supply. To-day the medical service is far better off than we were even ten years ago in these respects. But the lesson of the army methods and the

army systems is still open to be read by him who has the power to read it. The more one diverges from these principles the more one goes astray.

The doctors felt most markedly in the hospitals the want of European soldier orderlies to care for and nurse the bad cases. Situated as the British army is in India, surrounded by a race so different in customs, traditions, and ideas of comfort, it cannot draw upon them for nursing care in sickness. It is the custom in peace time in India to draw sick attendants from the European battalions in cantonments to nurse their sick comrades, and the orderlies so employed return to their battalions when their nursing labours terminate either by the recovery or the death of their patient. It is a makeshift system, but still it works. But in war when the cases are infinitely worse, require far more care, and the doctors are unable to supervise as fully as they would do in peace, they have no such men at all given them, and the sick man is left entirely in native hands.

The want is dreadful, and irreparable in every way.

The native establishment is fit only for fatigues, and not for nursing. The medical department wanted then, and it still wants, and in any future campaign it most certainly will want, a percentage of European soldiers to care for the bad cases, in field and general hospitals.

Probably 12 such men would be needed for every field hospital of 100 beds; the apothecary class do not fulfil these duties, and it is essential for the army now in peace time to prepare for war, and train these men for field work. The medical department should act just as the Indian commissariat and ordnance department do, and draw from the battalions a certain number of men on probation. Let them see hospital work, and, if approved of, be transferred to the unattached list, and be posted to the medical depart-

ment for duty, with the power of remanding them to their battalions for misconduct. The chief who accomplishes this will have made success in war still more possible for the medical service and the army, and he will certainly save the lives of his medical officers, who constantly die in campaigns from overwork of a kind that could easily be done by subordinates. It is perfectly impossible to work the field hospitals efficiently without them, and any opinion to the contrary cannot be based on a true peace or war experience.

The nursing classes lately introduced by order of His Excellency Sir Frederick Roberts, the present Commander-in-Chief, are paving the way for the final development of the main idea, but until that final development comes, and the men are given in peace for war and for permanent duty, failure in hospital efficiency in the field must be inevitable. It is better to have clear conceptions on this head now than to have commissions of enquiry afterwards, when failures have occurred and deaths which might have been prevented have taken place. For it is ever to be remembered that in any such enquiry the real sufferers give no evidence. They are at rest for ever from all such worry, and the most telling evidence is not forthcoming nor ever can be. It lies quiet in the grave.

The then Commander-in-Chief in India, Sir Frederick Haines, came through Dakka *en route* to Jalalabad in February 1879, and Surgeon-General Ker-Innes was with him.

CHAPTER V.

ADVANCE TO JELLALABAD.

THE hospital remained at Dakka until 25th March 1879, when it was relieved by a field hospital of the 2nd divi-

sion, which division was then moving up the line of communications to allow the 1st division to push on to Gandamak.

General Tytler and his brigade also moved forward at this time to Jalalabad, and he was most careful to give strong escorts to the hospital. The writer has in war time been left in imminent danger on occasions without any escort whatever, surrounded by helpless hospital servants and defenceless doolie bearers. No soldier is ever exposed to such risks in ordinary war experience.

Sir Sam. Browne was then at Jalalabad, where the headquarters of the 1st division were concentrated. A large hospital had formed there under Surgeon-Major Porter, Medical Staff, who had arrived out from Netley in March. On the writer joining this head-quarters hospital his independent existence merged in the larger hospital.

Advantage was taken of the stay at Jalalabad to visit the many interesting Buddhist remains which surround this historic old town, and we found in Mr. Simpson, the war artist of the "Illustrated London News," a most enthusiastic cicerone. Sculptured faces of the Græco-Buddhist type were obtained in quantities, and shrines were unearthed which had evidently been covered up since the period of the Mahomedan invasion some 700 years before. Buddhist caves are also found on the banks of the Kabu river close by Jalalabad.

As far as Jalalabad itself was concerned, we had the good fortune to be taken round the walls by Major Bailey the Paymaster of the Rifle Brigade, who had taken part in the old siege in 1841.

It was a most interesting and an almost unexampled occurrence that, 40 years after an event like the old siege of this town, one should have had the opportunity of hearing an eye-witness describe what he had seen in the

past. "From this point we saw Brydon approach." "There it was that Dennie fell." "I remember when the earthquake occurred, I was just here." "That is Piper's hill," and so on. There were in the force also some old native officers of Native Cavalry who had been up the Khyber in the old war, and at Kabul. There was a Hindustani who had been a bugler in the old army, and had remained behind at Kabul and married in the place. Certain Gurkhas of the Charikar garrison of the old days had survived the massacre there, and had remained in Kabul; some of these visited the Gurkha regiments in the Bala Hissar in 1880.

On the night of the 2nd April 1879 while sitting in the mess tent after dinner, a horse was heard galloping into camp, and some one said, "Hallo, some one has come to grief," and as Surgeon Cornish had gone out that evening on reconnaissance duty with a cavalry force under Major Wood of the 10th Hussars, there was some chaff as to its being his horse. Immediately after a stampede of horses came through the camp, and in a few moments orders came for the ambulance detachments to fall in and move down to the river. Surgeon Ryan and the writer were with one of these parties, and we took a team of doolie bearers, &c., down to the river side. It was a dark night but the stars were out, and the Kabul river was dashing turbulently over its rocky and boulder covered bed, the snowy foam standing out clear and distinct against the dark waters. The roar of the river, which seemed to be in flood from the melting snows further up, drowned every other sound. We could scarcely hear each other's voices as we traversed with difficulty the broken banks of the river, and made a search along its course for a considerable time. Except the sound of the rushing torrent all was still as the grave, and not a trace was evident of the catastrophe that

had just occurred; and one officer and 46 men had been simply wiped out by an accident which probably will not happen again for centuries. Owing to a gap in the column the leading men of a troop of the hussars missed the ford, and seem to have gone over into the deep water, and had been swept away without giving any alarm whatever. Many of the bodies were carried miles down the river towards Dakka, amongst others that of Lieutenant Harford.

As daylight came on and the banks lower down were searched, the bodies were found jammed amongst the boulders and under the rocky banks. The men were in full field marching order, khaki with putties, and warm under clothing. They had their swords on, and carried their carbines slung over their shoulders, and their pouches were full. A man so accoutred simply had no chance against the swollen river.

The bodies as they were found were brought to the mortuary tents of the field hospital, and they presented a most painful sight. Fine men in the full vigor of life, dressed and armed for the fight, were lying in every conceivable position of pain and contortion, and many seemed to have been kicked by the troop horses in the struggle, or dashed against the boulders and injured about the head and face.

They were buried together in one long grave in the Jalalabad temporary cemetery.

Surgeon Cornish, who was in charge of the column, escaped by wonderful luck, but the poor fellow was shot down by the Boers a year later on that fatal Majuba hill, and died on the field. Had a choice been his, he would have rather perished with the hussars of his own regiment to which he was devotedly attached.

Sir Charles Gough's action with the Khugianis at Fatehabad in front of Gandamak, occurred almost simultane-

ously with the disaster to the hussars, and the dead body of Lieutenant Wiseman of the 17th Foot who was killed in the Fatehabad fight was also sent down to Jalalabad for burial. This officer, who was not of high stature, was cut down while attempting to capture an Afghan flag, and was desperately slashed about the face with the murderous Afghan knife, the wounds of which are certainly thorough in the fullest sense.

But the Fatehabad fight, apart from its perfect result, in overawing the Khugianis, who after it gave no more trouble, will long remain memorable as being the place where Captain Wigram Battye of the Guides met his death. He was an officer of the most singular charm of manner and greatly beloved by every man in the column who had the pleasure of knowing him. Already wounded in the Ambela campaign, he met his death by a bullet wound at Fatehabad, and leaves a name which cannot be forgotten for many a day. His death was a serious loss to his regiment.

Jalalabad was now getting hot and the dust storms were very trying, so that when definite orders for the advance of the division towards Gandamak were received, every one was glad who was nominated for the movement.

The writer marched up with the main portion of Surgeon-Major Porter's field hospital, and the march was again made memorable by the utter fatigue and trouble caused by the unwieldy field hospital camel trunks weighing down the underfed camels; for the march to Gandamak is a gradual rise the whole way. The time was spent on the march pulling and hauling at heavy camel loads, and helping the animals to rise. While at this work one day I saw the field hospital purveyor, a kind of commissariat gomashtha, in whose nominal charge all the equipment was, passing onward reclining in a doolie, and not taking the least interest in his burdensome loads.

The whole purveyor system, by which a commissariat subordinate is placed in nominal charge of hospital equipment, although his men are too few to load it or care for it on the march, is a wretched compromise. These men like all who serve two masters really serve neither, and play off the medical against the commissariat department on a kind of battledore and shuttlecock principle, rendering themselves and their servants an element of indiscipline in any hospital.

After seeing the medical services of many European armies, I find that it is only in India this system now survives, and if the medical service demands power to do its own work and freedom of outside control, it ought to accept the responsibilities these claims entail, and be fully answerable for all equipment needed in its work. Half measures in this as in most things develop half men.

Marching on past Rozabad with its pleasant country houses, and also past the newly-formed post of Fort Battye, below on the left of the line of march lay the shady gardens of Nimla Bagh, after which the column reached the height of Gandamak or Safed Sang where the division halted.

CHAPTER VI.

GANDAMAK.

THE air on those breezy heights in the early April days was cool and pleasant, and in front of the camp rose the pine clad slopes of the Safed Koh, whose peaks were still crested with snow. Along the lower slopes of these mountains lay a series of pleasant looking villages, and a track lead through them to Jalalabad far shadier and with more water-supply than the central road on the valley by which the division had to march. It was such a pleasant change from the heat, the sand, and the flies of Jalalabad.

At first the force encamped in comparatively low-lying ground of alluvial clay, but after a few days there it moved to a new camp site on the stony higher ground, and the doctors were busy for some time in organizing their new hospital camp. The sick began to increase as the weather got warmer, and many cases of typhoid occurred amongst the officers and men. The force lost here Captain Preston of the Rifle Brigade, Allfrey of the 17th Foot, and some other officers.

Continual shaves were in circulation as to an advance in light order on Kabul, and the medical department was continually being called upon to state what was the very minimum of equipment with which it could move on Kabul. The most hard man to deal with in all such questions was Colonel Macgregor, then Chief-of-the-Staff to Sir Sam. Browne. Apparently in the rudest health himself, and cast in the mould of a Titan as far as muscular strength was concerned, he did not realize that an army should have sick and wounded, and needed carriage or establishments. This of course is a wrong idea. The more civilization advances in times of peace, the more will the return to the comparative savagery of war and field service affect that large number of men in the world whose systems keep in working order by a regular routine of food and work. The moment anything occurs to throw this routine out of gear, sickness results with many men whose equilibrium of fitness is easily disturbed.

But to try and ignore what cannot be ignored is vain work, and it is better to accept the facts as they stand and provide for them than to try to crush out what in the end never is crushed out. No army yet ever marched ten miles into an enemy's country, nor was left for a few hours without food, that the weakly men did not begin to break down, or those who managed to exist in cantonments with

regular meals and light work did not begin to yield to the strain of field service.

Colonel Macgregor seemed to remain rooted in the idea that the medical department needed too much, and that Kabul could be rushed without losing more than a few men.

As regards the opinion of staff officers in general on medical work in the field, it should never be forgotten that, while a staff officer during his training for his duties, is sent to cavalry, artillery and infantry, to gather a general insight into their internal routine and methods of work, he is never sent to a hospital to see its working, nor does he ever see field hospitals at work in peace. He knows nothing therefore of the interior economy, of its fatigues, its responsibilities, or its many weaknesses in trying to carry out its work. He may therefore find fault at times without knowing the causes of the faults discovered.

A medical officer said that during a campaign he was dropped on by a staff officer for being late in moving off his field hospital. He replied, "I have been hard at work for hours this morning trying to be in time. Had you known my troubles, you would certainly not have found fault."

When it is remembered that batteries and battalions are every day in peace practising their war routine, and that every man in the unit is as a rule able to help himself, while the medical service practically never sees its equipment or its personnel until war is declared, the difference in rapid working is easily explained. A field hospital can be made as mobile and as efficient as a field battery is mobile and efficient; when the hospital gets the same continued practice, the same good personnel, and the same opportunities of efficiency. Medical officers would like very much to ask any non-medical-staff officer to take over 100 helpless men, try and move them off in time, with the scratch teams of wholly undisciplined followers. The

experience he would gain would do him much good and he would learn the difficulties. It is also to be remembered that general command in the army never comes to medical men, and they are never in a position to enforce their demands for help.

As the idea of an armed advance on Kabul died out, the only excitement that occurred at Gandamak was the report that the Amir Yacoob Khan would probably come down to arrange the treaty himself, and in May he did arrive. A camp was pitched for him in a grove across the Safed Sang stream, and various parades were held for his amusement. Here for the first time in India Gatling guns were used, but they were not very successful, the machinery jamming at intervals.

The Gandamak treaty was at length formulated and signed, and many will remember seeing Mr. Jenkins, the Assistant Political Officer, starting for Simla to lay it before the Viceroy; the document itself enclosed in a tin case carried carbine fashion behind his back.

CHAPTER VII.

THE "DEATH MARCH."

AS soon as the ratification of the treaty was complete, arrangements had to be begun for the return of the troops collected at Gandamak and on the communications to India, and the mass of sick at the field hospital had to be arranged for.

Cholera was already prevalent in the Peshawar Valley, and the question had to be discussed whether it would be wiser to push the troops down into the cholera haunted Peshawar, and Northern Punjab, or to remain at Safed Sang during the hot months, and return to India in the autumn, when cholera would probably have ceased.

The medical authorities at Simla decided that remaining at Safed Sang would not mean escape from cholera. There was at that time at Simla a very able sanitary observer, whose opinion on any such question was of great value, viz., Surgeon-Major Brydon, who was at that time statistical officer to the Surgeon-General with the Government of India. Any one who reads his papers will see what a clear-sighted and philosophical observer he was.

The wave of cholera was evidently moving up the Khyber, and even if part of the army did remain on the high ground above Jalalabad, a very large proportion would have had to remain along the Jalalabad, Dakka, Peshawar line to hold the communications, and they would have suffered severely. The cholera did eventually move up the Kabul road, and at Kabul itself did much mischief. When the return to India began, it fell to the writer's lot to march from Gandamak towards Peshawar on the 6th June 1879, with a large sick convoy, similar detachments of sick having moved off daily for some time previously. Thus began the fatal and exhausting "*death march*," in which Sir Sam. Browne's division retired from Gandamak, leaving its airy heights for the stifling Jalalabad plains, and onwards into the furnace-like gorges of the rock-surrounded Khyber route. The convoy consisted of fifty European and thirty native sick. There was a mass of several hundred doolie bearers undisciplined, practically unorganized, and without any staff to keep them in order. The labour of getting these masses of men into order, and preventing them shirking their duty was very great.

While other officers in the same column joined their battalions or batteries a few minutes before the hour fixed for the column to move off, and found their companies standing on parade, practically ready at once to move off, the medical officers had to rise two or three hours before reveille, to

call their kahars, prevent their running away, give early refreshment to the sick, strike camp, and be in time to move off with the column. Work like this is most exhausting. Only by the greatest efforts was it possible to move off in time with the column, and many convoys were late, and delayed the troops in marching off, thereby throwing out all arrangements as to time or distance. This always will be the case in war so long as the sick are in the hands of undisciplined camp followers with no cadre of trained men to give them form and order.

Judging by subsequent experience in the 2nd Afghan and Soudan campaigns, there is no doubt whatever as to what a medical officer should have done on this fatal return march. He should have applied to the General Officer commanding the column for a permanent armed fatigue party or hospital guard of English soldiers, and have let them day by day assist in the toil of starting a large convoy of helpless sick, so that the General might feel that he and not the medical officer was really responsible for the safety and care of the sick of his force.

Fifty men so detailed like the infantry escort of a battery of artillery would in a few days have learned the routine of starting the convoy, and 4 or 5 per cent. of native non-commissioned officers, sent for duty with the kahars, would in a few days have so wheeled these consummate shirkers into line, as to minimise at any rate the daily grind of collecting them, moving them off, keeping them together in the column, and finally pitching camp on marching in.

The absence of peace training, and the divided responsibility over the ambulance transport which enables every intelligent rascal to escape serving either master, is to blame for much of this, and it would be better to accept a very small but permanent cadre in peace, that could be completely

disciplined and drilled by the medical department than to be flooded in war with crowds of undisciplined rabble with no element of cohesion in them, and no trained cadre which could be a model and a help in assimilating the remainder. Divided authority is and always will be fatal to efficiency in any branch of the service, and the more intelligent the branch the greater the danger.

It is so much the habit in both the military and the medical sides of organization questions to try and differentiate between the medical and the military services, that it requires some courage to say that every individual in the medical branch of the army requires, in addition to his technical professional training, the spirit, the ideas, the discipline, and the methods of the soldier; and the highest technical efficiency in the military surgeon may be handicapped beyond measure, if it is not combined with what are called the soldierly virtues. Elaborate scientific training may be so overblanced by slackness of discipline, want of punctuality, absence of knowledge of army methods as to how best to apply the scientific knowledge, that there is hardly any knowledge the soldier possesses the soldier-surgeon does not need.

An incident occurred during the very early part of the first campaign of which the writer had the fullest personal knowledge.

While in camp at Ali Musjid field hospital a medical officer arrived with the convoy from Jumrood and dined at the hospital mess. Amongst other questions asked of him, some one enquired who commanded the convoy. He replied, "I don't know what his name was, but he was a very active fellow, worked awfully hard and kept the convoy well together! I think he belonged to the cavalry." No more was thought of the matter at the time, but next morning, while walking about the camp with the medical

officer, he said to another officer, "By the way there is the officer who commanded the convoy yesterday."

The commander was recognized as Mr. Burke the well-known Murree photographer. There is no doubt whatever that Mr. Burke being with the straggling convoy, saw that it was his duty to do his utmost with the party of the convoy near him, and at all hazards get it into camp.

This fact is quoted to emphasize the opinion that, in an army in the field no officer and no man in the force can strictly and accurately define his own duties. He must be ready to put his hand to any work, and undertake any fair responsibility, feeling that he works for the common aim of the whole force, *viz.*, victory in the field.

Any divorce therefore between the medical service and the fullest training and drill in field routine in peace for war, and any wandering away from military methods of work, would end in failure on field service and in efficient working in peace. The almost constant absence of training in drilled accuracy of work in peace injures medical efficiency exceedingly in war, and much of it arises from the absolute fear the medical officers often have of practising the routine and the methods and the applied drill of the soldier; and as a result they do not know the weak points of their field system until they are in the field, and it is too late to remedy defects.

Leaving Gandamak at the dawn of a hot June day, the return column reached Fort Battye the first post on the Jalalabad road in good form; it felt the heat more at Roza-bad, which is one march from Jalalabad, and on the 3rd day it marched into Jalalabad, the sick suffering greatly from the heat, the frightful dust, and the marching in the day-light for fear of the enemy. The want of water was also much felt by the troops. Foreseeing the want of water for the sick, the writer had drawn pukals at Gandamak for

the field hospitals, and we had during all this return march a constant fight to keep them from the attacks of the duty soldiers in the column. The regimental arrangements with the troops for water were bad, and although it is treason to say so, it was because they depended too much on the company bheesties.

For Afghan warfare these men are of little use, whatever they may be in the plains of India, where water may be replenished every few hundred yards or so as a rule. In Afghanistan water is only found at long distances apart, and a few minutes after leaving camp the hand-bheestie's *mussuck* has run dry, and he can obtain no more water until he comes almost to the next camping ground; in the meantime the soldier must do without. For it is to be always borne in mind that the ordinary water bottle used in India, made of a soda-water bottle covered with leather is no use in Afghanistan. There the air is dry beyond conception, and the evaporation from the body excessive and the quantity of water the bottle holds is so little as to be useless. All those who remember the large bottles carried by the Amir's soldiers must have learned a great lesson from them, *viz.*, the absolute need of having really large and useful water bottles with every man in the column, soldier or follower. What is wanting in Afghanistan is the company pukal on mules in charge of a soldier of the company who can prevent the water being wasted, or of an armed and disciplined follower for water duty. Such puckals take the place in Afghan warfare of the water cart used in European field service, and should be recognised accordingly, and by identifying them with the company, they would go with it on outpost or detached duty and be of great service.

Nothing to-day is so anomalous as to see a smart well turned out mountain battery, whose duties compel them

constantly to work on high ground where water is almost impossible to obtain followed by a lame underfed tattoo with a magenta coloured tail and driven by a half naked bheestie marching behind it. Most people would have thought that the water-supply would have been carried on one of the best equipped and strongest mules of the team. In the Soudan the troops carried water in metal tanks fitting on the transport saddles, but they were not so cool and pleasant a water carrying apparatus as the skin pukal. Before the army again crosses the frontier suitable provision for water-supply of the marching troops needs to be looked to.

About noon on the day of the arrival of the column at Jalalabad, a hot and dusty day, I was crossing over from the hospital camp towards the fort, when I met a gunner of the column coming towards me. He was faint and exhausted, and on his face was written in most unmistakable characters the fatal word 'cholera.' He was taken into hospital and arrangements made for his separate care until handed over to the local hospital authorities, but from that hour until the column separated at Peshawar the cholera haunted the march. The soldiers generally were in a depressed and exhausted state; the dust was very bad. Owing to an order from the General the troops did not march until day-light had broken and it was mid-June. Metalled roads there were none, water-supply was scanty beyond conception, and day by day the troops moved along the Jalalabad plain by Ali Boghan, Barikab, Basawal, and on to Dakka, and the mouth of the Khyber. The men seemed to age day by day from the heat, and the nights were so hot as to make sleep impossible.

While thus marching in the sultry valley, on the right rose clear and cool the pine-covered sides of the Safed Koh, the summits still covered with snow, and on the left ran

the beautiful Kabul river miles away from the column, but still of great use to those lucky few who were able to run down to Dakka on rafts on its swollen waters. What an enormous boon to all future travellers it will be when the water route along the Kabul river from Peshawar to Jalalabad is made. It will deprive the journey of almost all its inconveniences.

"Sir," said one of the sick soldiers of the convoy who was travelling in a doolie, "I feel I am being roasted to death." But there was no help save to push on, and on the column pressed. Every one dreaded Dakka, which had acquired a bad name for health in the hot months of April and May. The cholera here was virulent to a degree. In one grave lie 19 men of the 10th Hussars who perished in that most fatal spot, and numbers of men of other corps are also at rest here in the rude cemetery beside the Afghan fort. Surgeon-Major Kelsall of the medical staff lies in the same place. He died in his doolie on the road between Basawal and Dakka and was hurriedly interred in the latter place.

Hurrying by Dakka the troops entered again the narrow defiles of the Khyber, a name deeply impressed on all English minds, but to-day not a shot was fired, nor did the ring of a single jezail echo on the mountains. Some baggage of the 9th Lancers was attacked but nothing more. But day by day a far worse foe than the marauding hill-men dogged the troops, and the cholera clung to us, and there was no respite from the exhausting heat.

The worst day was at Kata Kushtia, a singularly narrow defile above Ali Musjid, where the cliffs on either side tower above the narrow causeway, and where the men had to encamp on ground which seemed to have been a constant camping ground for the troops who had preceded them. All day long the men were falling sick

with cholera, and the writer, up to that date in rude health, began to feel exhausted from working all day in the sun, the increasing anxiety about the hospital, the weary grind of moving it off, the perpetual strain on the march of preventing the undisciplined baggage column from swarming in on the sick and suffocating them in their doolies, already as hot as ovens, and to crown all, the cholera. Whenever one tried to sleep one dreamed only of doolie bearers, and it was just like the worry of the march and quite unrefreshing.

The column encamped next day on the Sherghai heights, the heat on the stony ground being intense, and the want of water, despite all the efforts of the Ali Musjid permanent garrison, being very marked. At midnight the stones around were so hot as to be uncomfortable to the hand, and few if any slept even amongst the healthy men; what it was for the sick can be imagined. There was, however, one hope in front. The dear Indian plains would be in view in the morning, and the troubles as far as want of shade and water would disappear.

Next day the troops moved off at sunrise as the lower part of the Khyber was said to be the most dangerous as regards marauders' attacks, and after a few miles march one saw in the distance across the hills the ocean-like expanse of the plains. Travel where one may, in Persia Afghanistan, Baluchistan or elsewhere, India is still the garden of Asia, and its people the most easy to get on with and the most polite in the continent. Every one felt glad beyond measure to be as it were at home again, and bore the heat of Jumrood, a trying heat in June, with patience, but no one could look at the officers and men of the column without feeling that these were indeed those who had come out of great tribulation.

Compared to the men who a few days before had left

the Gandamak heights, a great change had taken place. Gaunt and haggard, marching with a listless air, their khaki clothing stiff with dried perspiration, their faces thick with a mud of dust and sweat, through which their red blood-shot eyes looked forth, many suffering from that indefinite nervous affection called heat prostration, one could not help thinking with what a burden on her shoulders England maintains her weight of empire.

Every one had had enough of the Khyber, yet it is certain that if even then in that hour of sheer exhaustion and of a physical prostration which words can never fully paint, the order had come to face about and again enter the Pass to go to *Kabul*, all would have willingly turned round.

But the hour had not yet come, and of those gallant men that marched back into the then deadly Peshawar Valley, I must have myself seen 50 die of cholera, before in the September days of the same year, we passed once more by the fort of Jumrood, the iron gates above Ali Musjid, and the graves of our comrades who perished in the campaign from which the troops were now returning.

Next day the troops were met at Hari Singh Burj by Surgeon-Major Porter, who with Colonel Sanford, R.E., had been the pioneers of the return march, and I received from him the most considerate of P. M. O.'s congratulations that my hospital had come in in such good form, for sickness and exhaustion and overwork had played sad havoc with some of the other hospitals.

When after handing over the sick to the base hospital at Peshawar, one enquired where one's brother medical officers were, nine were reported to be lying sick and only very few were fit for any duty, and it was difficult indeed for Surgeon-Major Porter to carry on the work. The doctors died and were invalided freely. Kelsall sleeps at Dakka, Wallace whom all describe as a fine type of soldier-

surgeon lies at Landi Kotal, Gray died in Peshawar of cholera, Wright who was with the Rifle Brigade and was a singularly sweet, nice fellow died at Attock of exposure while getting his sick across the then unbridged river, and Dr. Gibbons, worn out by the campaign and the anxieties of the return march, survived one year and died in England, a broken man from the day he left the Khyber; the cheery considerate Porter lived through the summer and the autumn, and on the second campaign went up with the Kuram column to Kabul and earned everywhere golden opinions. He, to the great loss of the army and the corps he belonged to, died in Kabul in the mid-winter of 1879-80, when his Chief, Sir Frederick Roberts, announced his death to the army in words which will never be forgotten while the medical service exists, and of which it is sufficient to say that he earned them well.

- The man most to be pitied during the campaign was the P. M. O., Deputy-Surgeon-General Gibbons. He had neither secretary, nor orderly officer, nor proper clerks to assist him, and he ran his office with the rheumatic corporal before alluded to. The C. R. A. had his Adjutant, the C. R. E. an able officer as his Brigade-Major, but the P. M. O. who was responsible for the health of the division, the working of the hospitals, the organization of the convoys, and the statistical work of the troops, was single handed. Dr. Gibbons over and over again complained that no notice whatever was sent him by the staff of movements for which medical arrangements had to be made, and in consequence medical officers were hustled off on expeditions with practically no warning, yet were blamed if all was not ready. Any one can verify that by reading over the general orders issued in the later part of 1879, where Sir Frederick Haines draws special attention to this neglect, and directs more care to be taken in future.

Had Dr. Gibbons been the commanding officer of a medical regiment charged with the care of the sick of the division, he would then have had an Adjutant for discipline and secretary's work, and a Quarter-Master for camp and stores work, and he would have had orderly-room clerks, and Quarter-Master-Sergeants for detail duties but he was more than this. His duties corresponded to that of a Colonel on the staff, charged with the administration of a strong department, and in daily communication with every station and corps on the line. No doubt whatever, what he should have done was to have taken *per fas aut nefas*, a medical officer as his staff officer and secretary, and another young officer as his orderly officer. and then thrown on the authorities the duty of filling up the vacancies so caused. Then the work would have been easier and the wear and tear of the campaign minimized. However, he did none of those things, but attempted off his own bat to play a difficult and for him a fatal game, Had he died on the field the whole tradition of his office would have perished, as he had no one in his confidence or who knew what his plans were, and we went to his office for orders, only a corporal was found there to whom it was impossible to state one's wishes. The P. M. O. has to go out daily seeing battalions and hospitals, and if he has no one left in his office of commissioned rank it is very objectionable.

Finally, let it be repeated that the medical service, mobilized in a hurry, with little cohesion, with no defined method of work, changed over at a day's notice from an old system to one entirely novel, with units not existing in peace for war but gathered together from the four winds of heaven, was not, and never can be under those conditions, an easy department to work on service. To-day things are better, at any rate people begin to know what

they want; but the true model lies still before them, and that is the army one serves in and the units one sees daily at work around.

With such disciplined units, organized in peace for war, their work carefully thought out, their staff under the same control in peace as in war, with enough subordinates to do the wearying detail work, with orderlies trained and skilled in the care of the sick, and native attendants organized, drilled and trained as sepoy as well as hospital attendants, success may come; if with these there are sympathetic commanders who remember that the title "General Officer" means that he is equally interested in, and responsible for all under his command.

These ideals are not impossible, nor even difficult to realize. The faults existing are not wholly on the military, nor wholly on the medical side; both are to blame and both have prejudices that must be either dissolved or rent in sunder. Either the medical service should throw up its claims to autonomy and accept a subordinate rôle with military commandants in every field hospital and a discipline and executive staff apart from the technical medical staff, or it should itself boldly claim all the titles, powers, and responsibilities which such commandants would receive. Men must know whom they are to obey, and discipline must be maintained, and the means of doing work must be given.

APPENDIX No. I.

*Return March of the Troops from Afghanistan to India
through the Khyber Pass, June 1879.*

GENERAL ORDERS

BY

His Excellency the Commander-in-Chief, General Sir
FREDERICK HAINES, G. C. B., &c.

Head-Quarters, Simla, 14th October 1879.

THE Commander-in-Chief has had before him a report from the Surgeon-General of British troops, of the medical arrangements and events connected with the return to India from Afghanistan, through the Khyber Pass, in June last, of the 1st and 2nd Divisions of the Peshawar Valley Field Force.

2. With cholera on the line of march, excessive heat, entire absence of shade, and a scarcity of water, the return march of the advanced columns must be considered one of the most trying operations of the war; and His Excellency is gratified to learn that the troops met the hardships, to which they were inevitably exposed, with cheerfulness, and that throughout an excellent and self-denying spirit animated all ranks.

3. Sir Frederick Haines desires, however, to place more especially on record his appreciation of the valuable services rendered to the army on the occasion referred to by the Medical Staff of both Services, during the march itself and subsequently in the severe outbreak of cholera, to which the garrisons in the Khyber and at Peshawar were subjected.

4. That the Medical Staff did not spare themselves in meeting the anxious and arduous responsibilities that developed upon them, is too sadly proved by the lamentable death within a few weeks of four of their number (Surgeon-Majors Kelsall, Wright, Gray, and Wallace), and the large amount of sickness amongst the remainder.

5. While grateful to all for the zeal and devotion displayed in the discharge of most trying duties, the Commander-in-Chief is more specially so to Surgeon-Majors J. H. Porter and J. A. Hanbury, of the British Medical Service, for their able and efficient arrangements; and to Surgeon-Major C. J. McKenna, and Surgeons S. H. Browne and W. H. Cadge, of the Indian Medical Department, and Surgeon-Majors Melville Jones, G. J. H. Evatt, and H. Cornish, and Surgeons C. P. Turner and W. J. LeGrand, of the British Medical Service, for their praiseworthy exertions.

6. Sir Frederick Haines is authorised to state that His Excellency the Viceroy and Governor-General in Council entertains the highest opinion of the efficient and meritorious services performed by the Medical Officers in the late campaign, and on the return march to India; and while deploring the loss of so many valuable officers, His Excellency has requested the Commander-in-Chief to communicate the thanks of the Government of India to the members of the two Services generally, and specially to those named in the preceding paragraph; and to the undermentioned officers who have also been brought to notice for their good services during the campaign:—

1st Division, Peshawar Valley Field Force.

Deputy Surgeon-General J. Gibbons, British Medical Service, Principal Medical Officer.

Surgeon-Major G. S. Davie, British Medical Service, in charge Divisional Field Hospital.

Surgeon-Major F. W. Moore, British Medical Service, in charge Base Hospital, Peshawar.

Surgeon-Major R. F. Hutchinson, Indian Medical Service.

“ “ S. C. Amesbury, “ “

“ “ G. C. Chesnaye, “ “

“ “ A. P. Holmes, “ “

“ “ H. Cookson, “ “

Surgeon H. Mallins, “ “

2nd Division, Peshawar Valley Field Force.

Surgeon-Major A. M. Tippetts, British Medical Service, temporary Principal Medical Officer.

Surgeon-Major N. Ffolliott, British Medical Service, Base Hospital.

Kuram Force.

Deputy Surgeon-General F. F. Allen, C. B., Indian Medical Service, Principal Medical Officer.

Deputy Surgeon-General S. C. Townsend, Indian Medical Service.

Surgeon-Major J. Meane, British Medical Service, Senior Medical Officer.

Surgeon-Major Curtiss Martin, British Medical Service, in charge Base Hospital, Kohat, and subsequently of Field Hospital.

Surgeon-Major W. Nash, British Medical Service, Field Hospital, Ali Kheyl.

Surgeon-Major G. J. Gibson, British Medical Service, Field Hospital, Peiwar.

Kandahar Force.

Deputy Surgeon-General A. Smith, British Medical Service, Principal Medical Officer, under General Stewart.

Deputy Surgeon-General J. Hendley, British Medical Service, Principal Medical Officer, Quetta Force.

Surgeon-Major W. S. Whylock, British Medical Service, Field Hospital, Kandahar.

Surgeon-Major J. B. C. Reade, British Medical Service,
Field Hospital, Kandahar Force.

Surgeon-Major W. G. N. Manley, V. C., British Medical
Service, Field Hospital, Quetta Field Force.

Surgeon-Major J. J. McCarthy, British Medical Service,
Divisional Base Hospital, Quetta.

Surgeon M. Knox, British Medical Service, served with
Field Divisional Hospital.

Warrant Medical Officers.

Apothecary E. Vvall.	Apothecary J. Barker.
" J. Hogan.	" H. I. Finnamore.
" H. C. Hodgkins.	" J. Forsyth.
" C. Cordell.	" P. Barrett.

In sub-medical charge of the several Field and Base
Hospitals attached to all the columns.

7. His Excellency in Council also desires his warmest
acknowledgments to be conveyed to Surgeon-General J. H.
Ker-Innes, C. B., for the very valuable aid he has rendered
the Government. Sir Frederick Haines would add his own
sincere thanks for the ready and able assistance he has at
all times received from Surgeon-General Innes, who has
added to a remarkable list of previous campaigns the
distinction of having most successfully administered the
Medical Department in the field throughout the late
Afghan War.

The Surgeon-General prominently notes the valuable
services rendered to him by his Secretary, Surgeon-Major
J. A. Martson, M. D., Army Medical Department.

By order of His Excellency the Commander-in-

Chief in India,

P. S. LUMSDEN, Major-General,
Adjutant-General in India.

